

LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM
OBLIGATION FORM

Grant Number _____

Name of Locality _____

Solution Area	Item	Description	Cost Per Unit	Number of Units	Total Cost	Comments or Conditions
Choose the solution area planning, organizational, training, exercises, or equipment*	List the item or service to be purchased.	Describe the item, or service by type, model and function.				For DCJS Use Only

***Please Note: List the solution area that links to the items or services to be purchased**